



**CITY OF ALEXANDRIA**  
OFFICE OF BUILDING AND FIRE CODE ADMINISTRATION  
301 KING STREET, SUITE 4200  
ALEXANDRIA, VIRGINIA 22314  
703.746.4200 FAX 703.838.3880

**SIGN APPLICATION**

IMPORTANT - Applicant to complete **ALL** applicable items

**MASTER MUST SIGN APPLICATION**

Shaded boxes are **FOR OFFICIAL USE ONLY**

<b>Permit Number</b>	1. Project Name	<b>Master Permit</b>
2. Project Address	Floor/Suite #	3. Date Applied
4. Owner	5. Contact Info - Primary _____	
6. Owner's Mailing Address (if different from project address)	Secondary/Fax _____	
	Email _____	
7. Work Done By (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor		
8. Contractor Name	9. Phone	10. Business Address
11. State Contractor License Number Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	12. Business License Number Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Description and Wording of Sign		
14. Location of Sign/s: _____ <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		15. <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
16. Type of Sign/s: <input type="checkbox"/> Building <input type="checkbox"/> Freestanding <input type="checkbox"/> Tenant Identification <input type="checkbox"/> Awning <input type="checkbox"/> Other _____		
17. Width: _____ ft _____ in	18. Height: _____ ft _____ in	19. Area of Sign: _____ ft <sup>2</sup>
20. Number of Faces	21. Color	22. Material
23. Height & Area above Grade _____ ft	24. Setback from Property Line _____ ft (freestanding signs)	25. Frontage of Business _____ ft <sup>2</sup>
26. Electrical? <input type="checkbox"/> No <input type="checkbox"/> Yes - Separate Electrical Permit Required		27. Estimated Job Cost: \$

<b>AFFIDAVIT</b>	<b>APPROVALS</b>	<b>PERMIT FEES</b>	
I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances.  _____ Signature of Owner or Authorized Agent  _____ Printed Name of Person Applying for Permit  Address: _____  Phone: _____  Fax: _____  Email: _____	Engineer	<b>TOTAL \$</b>	
	Date Approved	Deposit Rec'd \$	
	Date Issued	Deposit Date	
	Engineering Aide	Rec'd By: _____ Issued By: _____	Notes:
	Drawings Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		